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	Substitute for form 1449/PTO	Complete if Known				
		Application Number	to be assigned 10/650 161			
	INFORMATION DISCLOSURE	Filing Date	Herewith /			
		First Named Inventor	Jose Cherem Haber			
	STATEMENT BY APPLICANT	Art Unit	to be assigned 37/2.			
	(Use as many sheets as necessary)	Examiner Name	to be assigned B Layho			
T	Sheet 1 of 1	Attorney Docket Number	5483.00005			

			U. S. PATEN	T DOCUMENTS	
Examiner Initials*	Cite No.1	Document Number  Number-Kind Code <sup>2 (I known)</sup>	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
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Examiner Initials*	Cite No.1	Foreign Patent Document Publication Date MM-DD-YYYY  Country Code <sup>3</sup> "Number <sup>4</sup> "Kind Code <sup>5</sup> (if known)		Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages	
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